File with: File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

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Des Moines, Iowa 50319 Fax: 515-281-4073		ONS, SEE BACK OF FORM E SUMMARY PAGE		Pm 1-11	-000
COMMITTEE NAME (Must be	same as on Statement of Ord	panization)	—	1.0.1.14	Pa 2:47
IOWA APARTMENT PAC		,,	[FORM	
IMPORTANT: Indicate by # type (1) Statewide/Legislative/Judge S (4) County Central Committee (5 Subdivision Candidate (8) County 11) Local Ballot Issue	tanding for Retention Candidate	2 2 (2)State PAC (3)State Party didate (7)School Board or Other Political Board or Other Political Subdivision PAC		DR-2 (Rev. 07/2007) For Office Use On	DISCLOSURE REPORT
CANDIDATE COMMITTEES (Candidate Name	ONLY:	Political Party (if applicable)	L S	Comm. #Scanned	70/80
Office Sought		District (if Senate or House)	1 1	ComputerAudited	
James E S	MG REPORT	ursuant to Iowa Code sections 68B.32 <i>J</i> 641-424-6589 TELEPHONE		8A.401(3), the car ANUARY 10 DATE SI	
AM FILING A $\frac{\mathrm{JULY}\ 1,2007}{\mathrm{JULY}}$	to DECEMBER 31, 2007	REPORT FOR (1) ELECTION	/(2)NON-	-ELECTION YEA	IR.
(rep	port date)	Indicate by:	# 2		
☐CHECK IF AMENDMENT TO	REPORT DATED		Local Com	nmittees, enter Date	of Election
	file reports until a DR-3 is filed	1.)		Local Committees, ction is held	enter County in
	NT OF CASH ON HAN				
CASH ON HAND at the beginning committee. This amout of the last reporting pe	int MUST be the same as the	otal of all funds held by the cash on hand at the end irst report filed.)	\$	1,992.07	
ADD TOTAL MONEY	TAKEN IN THIS PERIOD				
Schedule A: Cash Co	ntributions total (Attach Sched	ule A) (*also see in-kind below)		300.00	
		F)		0.00	
		ach Schedule H)		0.00	
(Schedule H	applies to Candidates' Com	mittees Only) SUB-TOTAL	\$	2,292.07	
SUBTRACT TOTAL N	ONEY SPENT THIS PERIOD				
Schedule B: Expendite	ures total (Attach Schedule B)	(**also see debts and loans below)		500.00	
Schedule F: Loan Rep	payments total (Attach Schedu	le F)		0.00	
CASH ON HAND at the end of the	his reporting period (if final rep	ort balance must be zero)	\$	1,792.07	
"UNPAID BILLS (From Schedu	le D - Attach Schedule D)		\$	0.00	
		dule E)		0.00	
		le F)		0.00	
ONSULTANT BREAKDOWN			•	YES N	IO:
ANDIDATE COMMITTEES ON	<u>ILY:</u>	***		··	
ALUE OF CAMPAIGN PROPE			\$		
TATE COMMITTEES: Submit	a reconciled campaign accou	nt bank statement in January of each	year.		

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) IOWA APARTMENT PAC	. —	ECK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
08/15/07	ID# CK#	NANCY J. BUNKER 1911 - 69TH ST	N/A	\$300.00	INCOME
	ID#	DES MOINES, IA 50322-5808			
	CK#				
	ID#				
	СК#				
	ID#				
	СК#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL	\$ 300.00	
		TOTAL (if last pag	e of this schedule)	¢ 300.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

\$ 300.00

SCHEDULE

MOMETADY

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

IOWA APARTMENT PAC

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/06/07	ID# ₁₃₇₆ CK#1015	GASKILL FOR STATE REPRESENTATIVE MARY GASKILL 509 EAST 4TH ST OTTUMWA, IA 52501	FUND RAISER	\$ 250.00
0/11/07	ID# ₁₃₁₈ CK# ₁₀₁₆	PAULSEN FOR STATE HOUSE COMMITTEE KRAIG PAULSEN PO BOX 250 HIAWATHA, IA 52733	FUND RAISER	250.00
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
~~~	ID#			
	CK#			
			SUB-TOTA	L \$ 500.00

TOTAL (if last page of this schedule)

\$ 500.00 \$ 500.00

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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